AFFIDAVIT ON APPLICATION FOR VOTER REGISTRATION

STATE OF HAWAII County of Hawaii County of Kauai County of Maui City and County of Honolulu			SS. IMPORTANT: PRINT CLEARLY IN INK. FAILURE TO COMPLETE ALL ITEMS WILL PREVENT ACCEPTANCE OF THIS APPLICATION.			AFFIDAVIT NO.			
			E FOLLOWING INFOR	MATION IS TRUE A		-			
1. 50	CIAL SECURITY N -	IUMBER -	2. DATE OF BIRTH	/	3. TELEPHON	Ξ.			
						Business Middle Initial(s)			
4. LA	OT NAME			First Name			IVII	dale mili	ai(S)
E ADI	DDESS WHEDE VO		AAII (Otros to delegano as D.O. Dor			City/Town			Codo
5. ADDRESS WHERE YOU RECEIVE YOUR MAIL (Street address or P.O. Box)						City/Town Zip Code		Jude	
6. RESIDENCE ADDRESS IN HAWAII (Must be completed, P.O. Box, R.R., S.R. are not acceptable) Apt. No.						City/Town Zip C		Code	
7. If no street/residence address, describe location of residence (Leave blank if #6 is completed)						City/Town		Zip	Code
_	ENDER Female Male	9. ARE YOU A REGISTERED VOTER IN ANOTHER STATE? Yes I was last registered to vote at: (Last Registered Address)				No If yes, please complete the following: (County) (State) (Zip Code)			
		,	orize cancellation of my pr	evious voter registration	L	(County)	(State)	(Zip C	,oue)
I hereb 10A. F 10B.	a. I am a citizen b. I am at least c. I am a reside The residenc acquired with FOR OFFICE OF H In addition to the HRS §11-1 state sovereignty and	that: ATE, and COUNT of the United State 16 years of age (ho nt of the State of H e stated in this affice the intent to make AWAIIAN AFFAIRS e qualifications in 10 es that a Hawaiian subsisted in the Ha	es wever, I understand tha	at I must be 18 years use of my presence in ence with all the accordance with and which peoples the accordance with a second	old by election day the State, but that mpanying obligation ter to vote in OHA of tabiting the Hawaiia mereafter have confirmed.	in order to vote). the residence wans therein	as as exercised	Yes Yes) No
11. Witness Signature									
Ado			SON WHO KNOW ELONY, PUNISHA		HES FALSE I				
	e: A Social Security		ed by HRS §11-15. It is	s used to prevent frau	dulent registration	and voting. Failu	re to furnis	h this info	ormation

15. Language Assistance Code

16. Representative District/Precinct

17. Polling Place

Office Use Only

9

6

14. Location Code

Ε

13. I.D. No.

12. Name of Voter Registrar